ż

STATE OF MARYLAND—CERTIFICATE OF DEATH ()	9502
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1. PLACE OF DEATH	THE TIPE
County St Mors	Registration Dist. No. 28
Village Dr City (2007) 4 cccs	ND. St. Ward
Length of rasidance in city or town where death occurradyrs,m	If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tree	conces
(a) Residence: Np. (Usual place of abode)	Ward. 79 If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winishin word)	21. DATE OF DEATH
Tende Cel	Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of MAM	HEREBY CERTIFY, That I attanded decaasad from
6. DATE OF BIRTH (month, day, and year) January 9, 19.36	I last sawhere alive on Softer 14 196: daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 1.0 am.
l day,hrs	ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Ceneme, Date of onset
SAWYER, BODKKEEPER, etc.	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
S. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 1D. Data daceasad last workad at this occupation (month and spent in this	
year) occupation	Olber Constituting Constitution
12. BIRTHPLACE (city or town) Profit Hau	Other Contributory Causes of importance:
(Stata or country)	
13. NAME Salle Borns 14. BIRTHPLACE (city or town) PWS Hau	
14. BIRTHPLACE (city or town) YM X X X X X X X X X X X X X X X X X X	Name of operation Data of
	What test confirmed diagnosis? Was there an autopsy?
Dia -1 X/acc	23. If daath was dua to extornal causes (VIOL ENCE) fill in also the following:
S (State or country)	Accidant, suicide, or homicida?
hand Carried	Whare did injury occur? (Specify city or town, county and State)
(Address) PW (Ned hu	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CEMATION, OR REMOVAL	Mannar of injury
Place Live You Date Politically 1936	Nature of Injury
19. UNDERTAKER Nearly Country	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Limit Aciem	If so, specify
20. FILED Sept 15, 1976 And Kings	(Signed) M. D.
Dyputy Local Registrar.	(Addrass) Wile hu

d, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	OCT 6 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:	E E 1153 E	
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09503
1. PLACE OF DEATH	®
County Alarys	Registration Dist. No. 28
Village or City & askons neen ferborn	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph James	HA-Neil
(a) Residence: No. State Roadmean astor	restricte / Ward!
(Usúal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR. DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That J attended deceased from
6. DATE OF BIRTH (month, day, and year) Sent 16/1936	I last saw harry we on the court of the 190 fee; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at //
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chilotolied krematurely as
9. Industry or business in which work was done, as SILK MILL, NOTE SAW MILL, BANK, etc.	Optaide then mas of the real
10. Date deceased last worked at this occupation (month and year)	only called at the birth
12. BIRTHPLACE (city or town) Carsons me on (State or country) (Arbourille Standard Co	Other Contributory Causes of importance:
1	no metory of oughbour
13. NAME State of country) 13. NAME State of country) 14. BIRTHPLACE (city or town) - Grand Caryland	Name of operation ADM Date of
15. MAIDEN NAME Cathering of Thompson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
17. INFORMANT ATherine Hargery from 1200.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Home, hear ferbouvilloate Sypt 16, 1936	Manner of injury
19. UNDERTAKER Francia Barber (Address) W. a. a. a. a. had	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Sight 16, 1936 By Sin Mo Registrar.	(Signed) G. C. Asom M. D. (Address) Lineardlown Hid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, lesignate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

3	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

Exact statement of OCCUPA.

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARY	LAND-CERTIFICA	ATE	OF	DEATH
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1. PLACE O	F DEATH			92-0	
County St. Mary's				Registration Dist. No. 286	<u> </u>
Village or CityPalmers(If Length of residence in city or town where death occurred_33yrslmos.				No. St., death occurred in a hospital or institution, give its NAME instead of street and 11 ds. How long In U.S. if of foreign birth? yrs. m	number)
2. FULL NA	ME Joseph	Dolda Blac	ekiston		
(a) Residen	ce: No. Che vy	Grove (Usual place	of abode)	St., Ward. If nonresident give city or town and	State
	IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) single			D (write the word)	21. DATE OF DEATH 9 (Month) 22 (Day)	., 193_6 (Yeer)
5a, If married, widow HUSBAND of (or) WIFE of	ved, or divorced			22. I HEREBY CERTIFY. That I attended 9 - 20 19 36 to 9 - 22	
6. DATE OF BIRTH	(month, day, and year)	Aug. 11, 1	1903	I last saw him_ alive on922, 1936	; death is said
7. AGE Yea		Deys	If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, at 12.30P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
8 Jrade, profession, or particular kind of work done, es SPINNER, oystering SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 9 - 36 spent in this year) 11. Total time (years) spent in this occupation				Acute alcoholism aorite regurgitation	2 whs
			ime (years) nt in this 10 upation	Other Contributory Causes of importance:	
12. BIRTHPLACE (ci	ty or town) Pali ntry)	ners Md.			-
H 13. NAME F	Henry Thomas	Blackistor	1		-
13. NAME F	(city or town) Md.			Name of operation Dete of	
(State of	country)			What test confirmed diagnosis? Wes there an	autopsy?
15. MAIOEN NA	ME Mary ECo	oki tan		23. If death was due to external ceuses (VIOLENCE) filt in also the following	g:
15. MAIOEN NAME Mary FCook 16. BIRTHPLACE (city or town) Palmers (State or country)				Accident, suicide, or homicide?	
17. INFORMANT Mary Blackiston (Address) Palmers				Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL				Manner of injury	
Plece_Sac	red Heart	Oate9	24, 19.36.	Nature of injury	
19. UNOERTAKER A. C. Welch (Address) Chontino Md				24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Chaptico, Md. 20. FILED 9 = 24 , 19-36 R. V. Palmer Registrat.				(Signed) Ave nue	M.D.

Sig. B.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
10N			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

			APPEIEIGATE	0
SIAIE	OF	MARYL	AND—CERTIFICATE	OF DEATH

09505

1. PLACE OF DEATH	(19) 9 5 6	
Village or City Bushwood Med	Registration Dist. No. 286	
	NOSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrsmo	s./ G. ds. How long in U.S. if of foreign birth?yrsds.	
2. FULL NAME as eph alayeur 1 hon	eas, Suities	
(a) Residence: No. Bushing of Williams place of abode)	St, Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH () -	
male Calace a OR DIVORCED (write the word)	(Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from	
6. DATE OF BERTH (month, day, and year) aug 13-1936	I lest saw hear alive on SAT 28 1936: death is said	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 3 A m.	
/ /6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:	
8. Trede, profession, or particular	Date ol onset	
A Flede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		
9. Industry or business in which Work wes done, es SILK MILL, SAW MILL, BANK, etc	Clare wherens menus	
10. Date deceased last worked at this occupation (month and spent in this		
year) occupation occupation	Other Coutributery Causes of Importance:	
12. BIRTHPLACE (city or town) May land		
(State or country)		
13. NAME James elly Thomas 14. BIRTHPACE (city or town) mad:		
[14. BIRTHPICCE (city or town)	Name of operation	
	What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME along Cauntis 16. BIRTHPLACE (city or town) May Canel (State or country)	Accident, suicide, or homicide?	
(State or country)	Where did injury occur?	
17. INFORMANT Seg- Fow reme (Address) Bushwood ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Sacred Pearl Date 891 17, 1936	Nature of injury	
19. UNDERTAKER albert Thomas,	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Bushwood ma.	If so, specify	
20. FILED 2-29 , 1936 MV. Calue	(Signed) Chapters (Signed) M. D.	
Registrar.	(Address) Carputes 200	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	7.00	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 6 193 J	uly 5,1927	Peritonitis	3 days ago
HINEAU V.	5.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	1ay 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

certificate.

See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

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U	J	0	U	6	

County W. Mary Village or City Westlands Yelle Md - No. Length of residence In city or town where death occurred yrs. mos. As. Length of residence In city or town where death occurred yrs. mos. As. 2. FULL NAME As And State (a) Residence: No. Mestlands of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH	1. PLACE OF DEATH		(119)	
Village or City Medical Value and American Value American St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred yrs. mos. As. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME And State Of Board St., Ward. (a) Residence: No. Mechanican St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write, the word) 21. DATE OF DEATH 22. DATE OF DEATH 23. SEX 1. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write, the word)	County Dr. Mary		Registration Dist. No. 28 4	
Length of residence In city or town where death occurred yrs mos. As. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME And Delance Was St., Ward. (a) Residence: No. Mechanican Was St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word) 21. DATE OF DEATH 28. How long in U.S. if of foreign birth? yrs. mos. ds. Ward. 15. nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 28. 193 6	Village or City Mediania	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NoSt.,	Ward
2. FULL NAME A fant Dolson (a) Residence: No. McLanconll Mo. St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write, the word) 21. DATE OF DEATH 28. 193 6	length of residence in city or town where death			
(a) Residence: No. McLaucanell Mo. St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write, the word) S. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write, the word)	() 1 + 0) _ /	-99	3,
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. DATE OF DEATH 2. DATE OF DEATH 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	2. FULL NAME CASTALLA	taron -	}	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 21. DATE OF DEATH 28 193	(a) Residence: No. Whicham	corred mo		P
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) 21. DATE OF DEATH Sept 28, 193	PERSONAL AND STATISTICA		R	Slate
True la Calare d'OR DIVORCED (write the word)				
(Month) (Paul) (Vaar)			Month) (Day)	, 193 <u>(</u>
5a. If married, widowed, or divorced	5a. If married, widowed, or divorced		(Day)	(1001)
HUSBANO of (or) WIFE of 22. I HEREBY CERTIFY That I attended deceased from			10. 11 21 8- 180	2 2 1
1651	Se	+11-1936	0	7 , 19 3 5
6. DATE OF BIRTH (month, day, and year) Part 1 7 3 C Ilast saw h alive on alive on 193 C; death is said to have occurred on the date stated above, at 7.3 O Rm.		1,,,,,		; death is said
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	T. AGE HOHEIS	1 day,hrs.		
Or were as follows:		ormin.	were as follows:	Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	o. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
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O 10. Date deceased last worked at this occupation (month and year)	- this cooppation (month and	11. Total time (years) spent in this occupation	μ	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)		fland	Other Contributory Causes of importance:	
		Tolas	MATA A	
13. NAME Carried Address 14. BIRTHPLACE (city or town) Maryland Name of operation Date of State or country)	TI. HAME	100	70000	
14. BIRTHPLACE (city or town) Date of	14. BIRTHPLACE (city or town)	y and		
What test confirmed diagnosis? Was there an autopsy!	(State of country)		What test confirmed diagnosis? Was there an a	utopsy!
15. MAIDEN NAME Vara Barne 23. If death was due to external causes (VIOL ENCE) fill in also the following:	T 15. MAIDEN NAME PLATE	aines		
15. MAIDEN NAME Nava Barres 15. MAIDEN NAME Nava Barres 16. BIRTHPLACE (city or town) Meshanesaille 16. State or country) 17. MAIDEN NAME Nava Barres 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury	0 16. BIRTHPLACE (city or town)	neamble	Accident, suicide, or homicide? Date of Injury	, 19
(State or country) Where did injury occur? (Specify city or town, county and State)	(State or country)			
17. INFORMANT		rdson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
(Address) Much. Max. 18, BURIAL, CREMATION, OR REMOVAL		7		
New A Departure of mainer of injury	901	ate Sept 29 1936		
Nature of Injury.	9/1	AL O	Nature of injury	
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? (Address) Mech. Med. If so, specify		ma		. 1
20. FILED SEff 28, 136 Leven & Sofhoron (Signed) Clapus C. Welch M. D	20. FILED SEff 28, 136 Loca	Sothoron	(Signed) Mapus C. Well	M. D.
Registrar. (Address)	75 111	V		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of dea of importance were as foll	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	2000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	001 9 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BINEAU Y.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it TION is very important. See instructions on

MARGIN RESERVED FOR BINDING
-WRITE PLANKY, WITH UNFADING INK-THIS IS A PERMANENT RE RD. Every item of infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is worn immediate Con instructions on healt of contifficate

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09507
1. PLACE OF DEATH	(92ra)
County Si many	Registration Dist. No. 286
Village or City Wills Loku	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) Leas. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Telliam Itoll	
(a) Residence: No. Mulus Lou (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Local Married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Masley /foll.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (-1-190 6	i last saw h_ & Aalive on 9 - 30 -, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at /m.
30 4 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade enforcing or particular	distant
9. Industry or business in which work was done, as SILK MILL,	Chromin dianelula
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month) and great occupation.	24 harrs toon
12. BIRTHPLACE (city or town) // altsulle (State or country)	Other Contributory Canses of importance:
13. NAME WWW June	
13. NAME 12 14. BIRTHPLACE (city or town) 12 attached	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT John Churcul De (Address) Bushing	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sacred Hear Date 10 - 2-, 1936	Nature of injury
19. UNDERTAKER GADINESS	24. Was disease or injury in any way related to occupation of deceased? WS If so, specify (Signed) TO but I less w. M. D.
20. FILED Q - 1 - 19 & 6 / L V. U. aland	(Address) are und

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- I	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. D			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		~	

WRITE CAUSE mation LION S. No. 1 m

19. UNOERTAKER

20. FILED.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of Injury.

If so, specify

(Signed)

(Address)

24. Was disease or injury In any way related to occupation of deceased?.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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nd related causes	Date of onset	The principal cause of death and related causes	D-4 4 A
tern delta Fran I. M. green		of importance were as follows:	Date of onset
AAT O S	1915	Attack of epilepsy	1 week ago
001 0	1921	Run over by street car	1 week ago
UREAU V. S	July 5,1927	Peritonitis	3 days ago
mportance:		Other contributory causes of importance:	1
	May 1,1923	Gastroenteritis	1 year
	OCT 6	mportance:	mportance: Run over by street car Peritonitis

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(97)		
County St Marya	Registration Dist. No. 281		
Village or City Reason	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)		
	sds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME John Stephen for	es		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or lown and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Manage of the second of the s	21. DATE OF DEATH (Month) (Day) (Year)		
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Bessie Jones	22. I HEREBY CERTIFY, That I attended deceased from 1, 1936, to Sept. 11, 1936.		
6. DATE OF BIRTH (month, day, and year) Lee 11, 1856	I last saw him alive on Slept 10., 1976; death is said		
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 3,52.7 m.		
79 9 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupetion (month wear) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 13. NAME 14. Total time (yeers) spent in this 5 occupetion	Myas themis gravis 1935 Orterio oclimosio 1925 Other Contributory Causes of Importance:		
13. NAME Edward Jones 14. BIRTHPLACE (city or town) Halfyyood	Name of operation		
(State or country)	What test confirmed diagnosis? Was there an eulopsy? 20_		
15. MAIDEN NAME Cattering fory 16. BIRTHPLACE (city or town). Har lyward (Stete or country) 17. INFORMANT Mas Bessie force (Address) Pearson and	23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?		
18. BURIAL, CREMATION, OR REMOVAL Place color from Cemulosate Sept. 14, 1936	Manner of injury		
19. UNDERTAKER LEM C Mattingley (Address) 20. FILED. Sept 12. 1936 Of Den Ind. Registrar.	24. Was disease or injury in any way related to occupation of deceesed? No If so, specify (Signed) (Address) Great Mulls Ma		

PHYSICIANS should state

Exact statement of OCCUPA-

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

stated EXACTLY.

certificate.

N. B.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	· · · · · · · · · · · · · · · · · · ·	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	A	0	Stor	4	4 %
Ł	1	ч	13	4	()
q	И	27	9.7	I	6.1

1. PLACE OF DEATH	
County of Mary	Registration Dist. No.
Village or City Sloudedtown	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Ming Miels	
1 1600	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Mornin) 26 (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of Mauhent Mulls	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Muleum	I last sawhen_alive on Que
7. ASE Years Months Deys If LESS than 1 dayhrs.	to heve occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	The some Methicitis
9. Industry or business in which	
work wes done, es SILK MILL, SAW MILL, BANK, etc	7
11. Total time (years) this occupation (month and year) year) Occupation	
mad	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	My les is- occlience
13. NAME MACH AVAILUES 14. BIRTHPLACE (city or town)	Name of operation Date of
(Stete or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sulleroun	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Section 16. BIRTHPLACE (city or town)	Accident, suiclde, or homicide? Date of Injury, 19
(State of-country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT DO COLLEGE	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 9/28, 1956	Nature of Injury
19. UNDERTAKER WELL & Maching G	24. Was disease of injury in any way related to occupation of deceased?
(Address) Storaestoren	If so, specify
20. FILED / 27, 136 Carralus	(Signed) / Well (1. Calleache)
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		of importance were as follows:	
	1310	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
IN FRAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH		107.0
County St Mory	b	Registration Dist. No. \(\sum \& /
Village or City Sc	claure	NoSt., Ward
Length of residence in city or town where	death occurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of street and number)
0	V / h	mosgs. Bow Feng in U.S. It of foreign birth?yrsmosds.
2. FULL NAME	ero, NOT	ry Velley,
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOW	ED, 21. DATE OF DEATH
male white	OR DIVORCED (write the wo	6 ,193 6
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of June Vu	rui	1 HEREBY CERTIFY, That i attended deceased from
C DATE OF PIDTH (I last saw here alive on Section 19 31
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days If LESS t	, douth is said
64	1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance
Jrade, profession, or particular		n. Owere as follows: Date of onset
Frade, profession, or particular kind of work done, es SPINNER.	lescal	
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	.~/	
SAW MILL, BANK, etc.		
this occupation (month end	11. Total time (years) spent In this occupation	
CAD	A	Other Coatributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	mil	
13. NAME THE WOLLS	Nalos.	
13. NAME TO TOWN) 14. BIRTHPLACE (city or town)	Thema	Name of acception
(State or country)	lad -	Name of operation
IS. MAIDEN NAME CO	faun Bur	23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city of town)	Shelos	Accident, suicide, or homicide? Date of injury 19
≤ (State or country)	toula	Where did Injury occur?
17. INFORMANT 1. Traces	1 Nales,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address)	was from	
18. BURIAL, CREMATION, OR REMOVAL	8, 7,8	Menner of injury
Place Place	Date	Nature of injury
19. UNDERTAKER	Museu	24. Was disease or injury in any way related to occupation of deceased?
(Address)	werder me	If so, specify
20. FILED Dept 16, 1936	O King	(Signed) M. D.
16	blooks de Registr	
1) more	vienna are necueu, auurem Mate Keg	gistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE PLA

TION is very important.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenterius	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

S. No. 1	MARGIN RESERVED FOR BINDING	FOR BINDING	11 1
B.—WRITE PLAINT	Y, WITH UNFADING INK-THIS	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor	infor
mation should be	carefully supplied. AGE should be	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	stat
CAUSE OF DEAT	I'H in plain terms, so that it may be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	UPA
TION is very imp	TION is very important. See instructions on back of certificate.	certificate.	

1. PLACE OF DEATH	(119)
County St Mary.	Registration Dist. No. 284
Village or City Level Trovs	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elezabre & free &	Tolkoulf U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH &
OR DIVORCED (write the word)	Sell 23 1936
5a, If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attanded daceasad from 50ff 2 2 1936
	52ft 22 , 1936, to Safe 2 2, 1936.
6. DATE OF BIRTH (month, day, and year) Seels 20 1836.	I last saw h alive on _ 5.5 ft _ 2 _ 7, 193 6 _; death is said
7. AGE Years Months Days If LESS than	to have occurrad on the date stated above, etm.
3 · 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raletad causes of importanca were as follows:
8. Trede, profassion, or particular	80ff
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acula Too yo En lands 200
9. Industry or businass in which work was dona. as SILK MILL.	
SAW MILL, BANK, etc.	
10. Date decased last worked at this occupation (month and year) occupation	
2.4 \20	Other Centributory Causes of importence:
12. BIRTHPLACE (city or town)	D. T. T.
	remacere cerca yan
13. NAME Joku 19. Walken- 14. BIRTHPLACE (city or town)	
	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME + alle / Dresch.	23. If daath was dua to axtarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury19
(Stata or country)	Whara did Injury occur? (Specify city or town, county and State)
17. INFORMANT Ohn B. Wacker	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place St to the choate SEHZY, 19 36	Nature of injury
19 UNDERTAKER Elever Joshan	24. Was disease or injury in any way related to occupation of dacaesed?
(Address)	If so, spacify
1 1 1 23 12 Lan : USA	(Signad) Krypup fy allower M. D.
20. FILED Life C. J., 19 %: Pour for Others. Registrar.	(Address) Ohalolle black.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows: CEIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

09513

1. PLACE OF DEATH	(BR)
County St Marys	Registration Dist. No. 281
Village or City Ridge	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Infant Whaten	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Se to 25, 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Sept. 22., 1936, to Sept. 23., 1936
6. DATE OF BIRTH (month, day, end year) Sept 22, 1936 7. AGE Years Months Days If LESS than 1 dey, 12 hrs. or	to have occurred on the date stated above, at 12 Proof. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	Premature birth 9/22/36 Placenta previou)
year) occupation 12. BIRTHPLACE (city or town) Ridge (State or country) Md	Other Contributory Causes of importance:
II 13. NAME James A While	
13. NAME James A White 14. BIRTHPLACE (city or town) Baltimore (State or country)	Name of operetion Date of What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Many a Bryan 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Many a While (Address) A dat had 18. BURIAL, CREMATION, OR REMOVAL Place from the Ridge, had Date Sept 23 1936	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
19. UNDERTAKER JOSEPH AND LOCAL Registrar.	Nature of injury 24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
007.5			
1, 0	18		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year